

Metropolitan Detention Center  
535 N. Alameda Street  
Los Angeles, CA 90053-1500

Invoice Number: \_\_\_\_\_



UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

INTERPRETING SERVICES INVOICE

Services Rendered During:

☐ Psychological Evaluation of Inmate

☐ Intake Screening of Inmate

☐ Other:

Inmate Name:

Inmate Register Number:

CLAIM FOR SERVICES

☐ AO Certified or Professionally Qualified Interpreter

☐ Language Skilled Interpreter

Language:

Date of Service	Half Day Cost	Full Day Cost	Other (Describe)	Amount Claimed

Authorization signature or initials:

**Total Claim:**

PAYEE INFORMATION

Interpreter's Name:

TIN or SS #:

Contact Number:

**PAYMENTS TO BE MADE BY AUTOMATIC DEPOSIT**

(Note: First-time invoice presentation must be accompanied by voided blank check or voided deposit slip for designated account)

Bank Name	Direct Deposit Routing ABA Number	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Interpreter's Signature

Date

**NOTE: Services Provider must tender claim upon performance of services for prompt processing of payment**